

MOTOR SURVEY ASSIGNMENT

**Date** 26/07/2024 **Our Ref No.** D24006502MFCT

Accident Date 24-07-2024 Claim Type Third Party

Insured Vehicle SHB2003Z Third Party Vehicle SMY3440H

Survey Location CARSMITH PRIVATE LIMITED Contact Person JENNY NG

8 KAKI BUKIT AVENUE 4 SINGAPORE 415875

SINGAPORE 415875

**Contact No.** 90910000 **Fax No.** 

Survey Type Without Prejudice

non reporting

Appointed LKK AUTO CONSULTANTS PTE LTD

Surveyor

Contact Person Fax No. 68416315

Contact Number 62563561

## FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**Encl. Accident Reports** 

Cc: Workshop CARSMITH PRIVATE LIMITED Attention JENNY NG

Officer Incharge JOANNEYO

## **IMPORTANT NOTE**

Kindly submit the survey report by **email only** to <u>surveyor@msfirstcapital.com.sg</u> within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.